DECLARATION AND POWE FOR PATENT APPLICATION

ATTORNEY

DOCKET NO. <u>HP10990408-1</u>

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

patent is sought on the			LIBOLIOU MALIBITM	, EU TEDINO A	ND OHALITY
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	nich is att	ached hereto unless th	e following box is ch	ecked:	
() was filed on Number	and w	as US Applic	ation Serial No. or Po	CT International pplicable).	Application
I hereby state that I hincluding the claims, a	nave revi	ewed and understood	the contents of the (s) referred to abov	above-identifie e. I acknowled	d specification,
Foreign Application(s) and/or	r Claim of F	Foreign Priority			
inventor(s) certificate listed	below and	under Title 35, United State have also identified below a on on which priority is claim	ny foreign application for	any foreign applicat patent or inventor(s	ion(s) for patent or s) certificate having
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED L	JNDER 35 U.S.C. 119
				YES:	NO:
				YES:	NO:
Provisional Application				J	
I hereby claim the benefit u	inder Title	35, United States Code Sect	ion 119(e) of any United	States provisional	application(s) listed
Delow.	APPI	LICATION SERIAL NUMBER	FILING DATE		
	Arri	EICATION SENIAL NOMBER			
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U. S. Priority Claim					
	st paragraph	n of Title 35, United States	Code Section 112, I ackr	nowledge the duty t	s application in the to disclose material
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Inventor's Signature		Date			
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E II Bloom of # A initial income			Citizenship:		
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Residence:					
Post Office Address:					
Inventor's Signature		Date			
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Full Name of # 5 joint inventor	r:		Citizenship:		
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Inventor's Signature		Date			
Full Name of # 6 joint invento	r:		Citizenship:		
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Post Office Address:	-				
Inventor's Signature		Date			
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Full Name of # 7 joint invento	nr.		Citizenship:		
Residence:	or:				
Post Office Address:					
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Full Name of # 8 joint invente	or:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			